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EDITOR, - - - WM. BOERICKE, M. D.

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ORIGINAL ARTICLES.

ADVANCE IN THE SCIENCE OF THERAPEUTICS.

By WM. SIMPSON, M.D., SAN JOSE, CAL.

No physician is broad enough to practice medicine who is not willing to look at all sides of the question, and so far as possible familiarize himself with the methods of all schools.

The Old School claims, and with justice, to have made marked advance in the science of therapeutics during the past decade, but a glance at the analysis of the following prescriptions, collected by Prof. William P. Bolles, late of the Harvard Medical School and Massachusetts College of Pharmacy, and given to the public through the columns of *Squibb's Ephemeris*, will show there is still room for further advancement, and that in Boston, at least—scientific Boston, centre of culture and learning, routine prescribing is the rule rather than the exception.

The prescriptions are from the files of three leading druggists in different parts of the city of Boston, and were ex-

amined to ascertain the number of officinal preparations prescribed.

Dr. Squibb in his review of the article says: "The total number of physicians' prescriptions which were then analyzed and counted, as representing the practice of the city of Boston, was 3,726. The number of titles in the present revision of the Pharmacopœia is about 994. Of these titles 504 occurred in these 3,726 prescriptions.

" Of the 504, 236 occurred		5 or more times. "
" "	157	" 10 "
" "	80	" 25 "
" "	27	" 50 "
" "	9	" 100 "
" "	1	" 200 " "

Now mark what follows: "In Boston, a non-malarious, sea-board city, Sulphate of Quinine (I use Dr. Squibb's own words) heads the list, and is found in 292 of the 3,726 prescriptions." Quinine then, is the fashionable remedy of our cultured medical brethren of the Hub, and as deeply rooted in their favor as is Naglee Punch in the favor of the convivial members of a California club, and that in the face of the editorial dictum of the *Medical Record*, which says: "It is a delusion that quinine in either large or small doses is a stomachic tonic, except in convalescence from malarial attacks." But then, the idea that plebian New York can teach aristocratic Boston is simply absurd. I quote Dr. Squibbs again as he continues. "Sulphate of Morphia ranks next and is found in 172 prescriptions; Bromide of Potassium in 171; Iodide of Potassium in 155; Tincture of Chloride of Iron in 134; Sub-nitrate of Bismuth in 133; Glycerine and Syrup of Tolu in 120 each; Syrup in 108; Carbolic Acid in 92; Extract of Nux Vomica in 87; Camphorated Tincture of Opium in 80; Bi-carbonate of Soda in 77; Calomel in 72 (who said Calomel was dead?); Chlorate of Potassium in 71; Compound Tincture of Gentian in 67; Lime Water in 65, and so on down. It will be thus seen that of the 994 articles of the Pharmacopœia only 17 occur more than 65 times in 3,726 prescriptions, and of these 17 three are vehicles or adjuvants which are in such common use as to bring their numbers into prominence.

Dr. Bolles subsequently carried his investigations to about 10,000 prescriptions, but without altering the general results. Once more: The editor of the *Medical Record*, one of the best if not *the* best old school journals in this country, in a recent number endorses a correspondent who says: "It is a delusion that veratrum viride or aconite will abort croupous pneumonia or essentially modify its course." What are the inferences to be drawn from these statements? Either that the advanced men of the two schools are not so near together as we fondly hoped, or the advanced men of the old school do not write its prescriptions and control its journals. In the face of many emergencies what Homœopath has not felt the weakness of his armamentarium, yet, when compared with that of the routine prescriber, how strong it really is, and how little cause have we for medical scepticism.

THE POWER OF NATURE.

BY DR. C. P. HART, DENVER.

I present to you as a subject, the power of nature, and will illustrate my subject by giving a history of several cases in surgery, as recapitulated from my note book.

Of the different branches of our profession, none require such knowledge, wisdom, and nerve as that of surgery. The operator may have knowledge of Anatomy, and of his art generally, and plenty of nerve and confidence, but the wisdom and discretion are essential, or he will make many a blunder and do more damage than benefit to his patients.

As Franklin, the noted surgeon said in parting, to his class of "75:"—"Gentlemen, any fool may give physic, but it is a wise man who knows when not to give it."

Sir Astley Cooper remarked upon a similar occasion, "Gentlemen, we kill more than we cure."

When we see effects of surgery as practiced by some who should know better, we can realize the justness of such remarks from those of great experience.

Again a surgeon may have knowledge, wisdom, and nerve, and not enough conscience.

When a student of Dr. Sam'l. Huson, the surgeon of Kansas, he was called by a railroad surgeon to see with him a brake-man who had been crushed, and I accompanied them.

Two of the metacarpal bones were broken and the hand bruised. The railroad surgeon spread his tools and handed me the tourniquet to adjust, preparing to amputate, his answer was, "It will be the quickest and easiest way, and give me the most *eclat*." "Well, if that is your mode," replied Huson, "For God and humanity's sake give me time to pick up and get away before you commence."—The hand was saved.

The first case I will recite, was that of Miss Moynahan, of Littleton. (By the way, I propose to give names and dates in these cases, and nothing which may savor of fiction.)

In the spring of '79, Miss M., standing on the porch of the hotel chatting with two gentlemen who had been gunning, attempted to take something from one of them, when he took her left hand and placed it over the muzzle of a double barreled muzzle loading gun, loaded for duck, and called for his friend to pull the trigger. The gun was half-cock, and both barrels exploded. Some one tied a handkerchief tightly around her wrist and sent for me, in one hour and eight minutes the twenty-one miles was made. She was exsanguinated, the two first fingers were never found, the metacarpal of the thumb badly shattered, the tissues of the hand from the inside border to the third metacarpal bone, and from the palmer arch (which was lacerated) were gone.

I gave little hope of any good result, but took up such vessels as bled, dressed the wound on a pillow of Calendula flowers saturated with a 5 per ct. sol. of Carbolic Acid and left appropriate remedies. I watched it daily for two weeks, often detaching a slough or taking up a small vessel whose coats had been badly burned, until at the termination of fifteen days I had a healthy granulating surface. I made a splint, reaching half way up the arm, padded well and covered with Calendula flowers, the pads at the tip and wrist

of linen rolls, and the flowers between so they could be removed daily; this was applied, and Moleskin plaster completely circling the whole, the thumb brought near the two remaining fingers,—in two days brought so they touched and strongly bandaged as before. About this time two professional gentlemen from Denver accidentally? came to the hotel and wanted to look at the hand and offered to amputate it, as “it never could heal;”—but the lady could not see it.

In sixty days the lady had a partial hand which was of great use to her, consisting of a useful thumb and two good fingers.

In the summer of '82, two cases presented, which from different causes produced the same result:

The engineer at the rolling mill caught his hand in a pair of cog wheels, splitting the hand from the points of the fingers to the wrist; and a man at the rolls in the Cracker Factory had his hand caught in an 8 in. roll revolving eighty times a minute. He caught the wrist with the other hand and bracing himself for the effort pulled the hand back.

When Dr. Smythe and myself arrived the hand presented an anatomical study. I'll venture to say, no one with a scalpel could have divided that hand as evenly from the tips of the fingers to the wrist. We laid the palmer surface back after cleansing the clots and taking up a few small vessels, and stitched it up, taking eighteen stitches around the edges and dressing the hand upon a pillow of Calendula flowers and 5 per ct. sol. of Carbolic Acid. But we had great trouble with the excessive suppuration and lost all the stitches and finally put the arm and hand into a light box with the same dressing, compressing the hand by moleskin plaster. This was done to allow him out-door exercise, as confinement and the wound told terrible upon him.

He had a working hand in seventy days and resumed work. The other case was similar, but recovered ten days sooner, and was much less trouble as we treated it as I did the gunshot wound by allowing granulation to get well established before approximating the surfaces.

Case ninety-seven in our book was John Jones, a roller at the Col. Iron Works, struck by a hook coming through the

rolls breaking the tibia and fibula in the upper third, the former in four, the latter in three places, it being a compound comminuted fracture and one in which few would have hesitated to amputate. We removed Jones to the Sisters Hospital, put the leg into Hodgen's Modification of Smith's Anterior Splint, left the wound of two and a half inches in length with ragged edges open, adjusted the fracture, swung the splint, and put the patient upon *Hypericum* 1x, and *Aconite* 3x. He was in great pain as soon as from the influence of Chloroform; he soon quieted, and the remedies on the fourth day were changed to *Symphytum* 3x. We thought we should be obliged to remove two of the Tibial fragments but in sixty days Jones was on crutches and in ninety days at work with the leg only shortened one quarter of one inch.

Case 204—E. B. Jones, aged fifty, came to my care from his home in Lawrence, Kansas. He had (probably from the history of the case) Phlegmonous Erysipelas a year previous; he had employed a Homœopathic physician of good reputation.

The inflammation was the result of a saw wound of the skin on the back of the right hand and a cachexia,—(I removed a tumor from Mr. Moore's head in 1876, and the same thing occurred then, but was "cut in the bud" by *Merc. Bijod*-3x.) Treatment did not in this case prevent an abscess, it threatened to break on either the dorsal or palmer surface. Now our young Dr. disliked the lance and sent M. to an old school surgeon who lanced it on the dorsal surface, although M. could not pronate the hand. The result was the burroughing of pus, necrosis of bone, and the usual concomitant symptoms of such a terrible condition, (so much for the young man's allowing this alleged old school surgeon to lance the hand.)

At this stage Mr. Moore concluded to go East for advice. After visiting two noted allopathic authorities on surgery and hearing he must lose his hand, he concluded to see me. He arrived here in March '83, placed himself under our care. I placed him on to *Silicia* 2 per ct. and it was the remedy until his health was sufficient to stand an operation. The

index and second fingers were shortened one and three quarters and two inches respectfully, from the destruction of their metacarpal bones. With the assistance of Drs. Smythe and Bradley I removed the index finger and the trapezoid, excising the third metacarpal, and a portion of the os-magnum; it made a neat flap, and as all the necrosed bone was removed, healed nicely, making a fair hand under the circumstances, although most of the tendons were contracted, yet the free use of the tenotomy knife upon the flexor tendons gave him good use of the two last fingers. I think now, as the second finger is of such little use, and considering his age; I should have taken it off instead of letting it remain, but he writes me it is of some use lately, and much of an improvement to the looks of the hand.

Case No. 4. In the Spring of 1878, I was called to see Allie Chamberlain, some seven years of age, who had what was called inflammatory rheumatism of the ankle-joint. I diagnosed synovitis with large quantity of pus already formed within the capsule. Chills had been frequent and temperature $104\frac{1}{2}$ to 105; great swelling, pain excessive, and color violet. The child could not bear much manipulation, but enough to determine suppuration. He was the bravest patient I ever had, and would stand anything necessary. He had hurt his ankle some months before in the mountains but nothing was thought of it nor had it troubled him beyond the time. An aunt of his died some years previous from scrofula. At my second visit I found the swelling about to break and lanced it opposite the internal malliolus. I had hoped it was a deposit external to the capsule, but found it extended through the joint. The cuboid, scaphoid and astragulus were denuded of periosteum, and caried. The patient had swellings of different glands, especially the parotid and mesenteric. The prescription the first day was Bell. 3x., the second day, Hepar 30x., and my prognosis unfavorable as to the child's life.

A council was requested, and an old school surgeon named, and as he was a perfect gentleman, and the authority of his school in the State, I consented. He came. The next day he returned and with him another. A careful examination

resulted in the verdict that the foot and ankle must come off to save the child's life. This was told the grandparents who came to me with it. I told them that if the gentlemen could guarantee to save the child's life by amputation I would remove the foot; but if it was left to me, I would say the child stood a better chance, and it was better practice, to let the limb remain, and try constitutional treatment. The reply the other surgeon gave them as to the safety of the operation determined them to let me alone. The second day the second old-school man called upon me, and said he had concluded that to remove the astragulus and such other caries as were found would be the thing to do, and he would do it for me. I thanked him for his opinion, and informed him that if I concluded to excise the bones I'd tell him the result. By the way, I've often wondered if this was "old" or "new code" between those two old-school gentlemen? The child had a terrible time, but with rest and a position of the limb as was most comfortable to him, dressing with tomato poultices and giving Silicia 2 cent. and Calc. Phos. 2x., he recovered in six months enough to walk without pain or limp, and could play as boys usually do, jump fences, ride bicycle, etc.

I have several cases yet which I would like to recite, but enough has been said to bring forth an interesting discussion regarding the powers of nature. They are almost limitless when aided by Homœopathic therapeutics intelligently applied.

I have treated mangled limbs where the vessels and tissues were destroyed to an extent that any authority would have determined it good surgery to have amputated. But thanks to nature and our therapeutics a recovery ensued, and I say it publicly and boldly, I challenge the production of one bad result in surgery in two hundred and seventy-eight cases during the past six years in my practice in Denver.

INFLUENCE OF DIATHESIS UPON GONORRHŒA.

BY W. A. DEWEY, M.D., SAN FRANCISCO, CAL.

A recent number of *La Semaine Médicale* contains a lecture on the above subject delivered by that eminent syphilographer of Lyons, M. Paul Diday.

It is not my intention to give a complete translation of this lecture—it would occupy too much space—but I will give its most salient points, as it may be of interest to the profession in showing that the tendency in medicine to-day is rapidly approaching the treatment of the totality of the symptoms instead of the disease itself.

Prof. Diday commences as follows:

Do diatheses influence gonorrhœa? What diatheses influence it? What is the mechanism and result of such influence?

In order to elucidate these various points I have but to sketch the natural history of gonorrhœa. I will base my argument on common daily observations, and demand in return to take for type of all gonorrhœas the best known—that of the male urethra.

In forty or fifty days the colony of micrococci which is implanted in the urethra, working this soil superficially and deeply, exhausts all the material contained therein for its alimentation. It is then extinguished, not, however, without leaving a few germs oftentimes, which retake a precarious life if any excitation restores the fertility to the mucous. This also serves as an explanation of those cases of gonorrhœa which become recontagious.

But this regular course is often hindered by complications, accidents and deviations, and it is just these deviations that we must study, for one cannot learn better the character of a person than by studying the cause, the extent and the effect of the vicissitudes which have traversed the path of his existence.

I do not count among these deviations those accidents which may result from a simple exacerbation of the inflammation, such as balanitis, œdema, phymosis, etc., which can

attack any individual, but those which are to enlighten us upon this subject are cystitis, orchi-epididymitis, arthritis and iritis.

Whence come these? Let us observe before all that they are only found in certain cases. I do not say in certain attacks, for there is no form, no degree of inflammation, no stage of gonorrhœa which can explain why these deviations appear in one person and not in another. Let us therefore search for the reason of this mystery, and I will summon to my aid in order to discover this the interpretation of seven clinical observations.

1. In general these deviations do not appear except in subjects more than twenty-two or twenty-three years of age.

2. Once having appeared, they reappear almost infallibly, one or the other, at each fresh attack of Gonorrhœa.

3. These cannot be attributed to mechanical causes, such as shocks, fatigues or frictions; nor to a prophylactic hygiene. I have seen patients attacked by an epididymitis which were unable to leave the bed on account of another disease. I have seen patients who had used injections with impunity for three weeks have a cystitis ten days after the cessation of injections.

4. These deviations attack, at times, brothers. I have had two examples: One was where the two brothers resembled each other morally, physically, and even in point of sexual fancy, for they both wished to marry the same woman. They presented to me in about the same order the same series of deviations.

5. The appearance of these deviations always diminishes the urethral discharge; definitely suppresses it in certain cases.

6. Each of these lesions differs by certain characters from the lesions of the same name originating independently of Gonorrhœa. Thus, the cystitis is more sanguinous than exudative, and is accompanied rather by tenesmus than by fever. The Epididymus alone is attacked. The Arthritis is less multiple, less changeable than ordinary rheumatism, little or not febrile, no visceral localizations, and spares the endocardium and pericardium. The Iritis immediately

causes an abundant effusion, heals rapidly, but recurs also as rapidly.

7. Not only these lesions coincide or alternate between themselves, but each, considered separately, offers renewals. For example: recurring epididymitis; the quite frequent spontaneous exacerbation of Epididymitis about the fourth or fifth day; the well-known relapses of Cystitis and of Arthritis; and let us note that these renewals gradually diminish in intensity, representing in their course the ordinary duration of an attack of acute Articular Rheumatism.

Thus sketched, we may ask, can the Pathology of these deviations reveal their Pathogenesis? Let us see.

A. In the first place their real cause is separate and distinct from the Gonorrhoea, because in Gonorrhoea of equal duration and intensity only a few subjects are attacked, (about 1 in 6)

B. Their cause is not accidental, it is inherent in the subject, since they are reproduced upon him at each new attack of Gonorrhoea.

C. Finally, they appear to be hereditary, since brothers have been known to suffer identically.

Is not this the usual influence? And is it not a sign of the Diathesis?

Now what is the mechanism of the action of the diathesis? This mechanism is not always the same. After having seen much, read and reflected I admit two of them.

While a diathesis holds an individual and an intercurrent malady attacks him, either the diathesis itself seizes the occasion to permit the entrance and seat of the new disease—the moments of invasion and its fluxionary extensions belonging to itself—or, it is the intercurrent malady itself upon which the diathesis stamps its imprint. In other words the diathesis either receives the imprint of the intercurrent malady or gives its own imprint to that malady.

As examples of both methods observation furnishes us for the first:

1. The eruptions consecutive to scabies attacking a herpetic patient.

2. Recurring herpes progenitalis consecutive to the chancre in herpetic patients—disease often taken for Venereal.

3. Eruptions appearing in an Eczematous patient, on the appearance of Syphilis are a much more often cause of error, as they obtain from the Syphilis the special coloration and localization, and from the Eczema, the itching, and resistance to anti-syphilitic treatment.

As for examples of the second mode of diathetic influence, let us mention only Bronchial Catarrh, Dyspepsia, Angina, etc., appearing in Arthritic patients which instead of lasting a month or a season last a life time.

But as to Gonorrhoea you will ask me what are examples of each method of diathetic influence? Well, the example of the first method is exactly furnished by the multiple deviations which I have just described. There I will say, is Gonorrhoea *a grand orchestre*.

The example of the second mode is the form of Gonorrhoea which I will describe presently and which I may be permitted to call in anticipation *Gonorrhoea without accompaniment*.

But they may say, what then is the diathesis which is responsible according to you?

Must it be named? Do you not recognize it by its attitude, by its workings, and gestures? Constitutional, Hereditary, not manifesting itself until after the first period of youth. Once established, producing nothing but intermissions, always ready to re-enter the scene at the slightest call, movable, alternating or coinciding between themselves. Each offering successive relapses and decreasing intensity.

Is not my picture of the deviations of Gonorrhoea traced from nature, and is it not also that of Classical Articular Rheumatism?

And if a proof more characteristic is necessary to accuse its resemblance, is it not providentially given us by that singular deviation of Gonorrhoea which attacks the articulations? Without doubt, as a master has said a disease should not be called Rheumatism, because it counts Arthritis among the number of its manifestations, but I think when the Arthritis is present it spoils nothing. For me, when I can

shelter myself under the authority of our Nosological writers, for whom Arthritis in any form is the surest sign of the Rheumatic diathesis, I do not consider myself in bad company, and perhaps eleven years of articular sufferances, as patiently analyzed, as impatiently supported, will give me the right to ask if semiologically speaking the arthritis is not *all* Rheumatism for some people.

But, it is asked, Did your subjects of deviations in reality have rheumatic antecedents? Yes, at least the most of them, and I would not have waited until the present to mention it, if the progress, or overflowing of science had not robbed this observation of a part of its doctrinal value, in rendering it so easily accessible to all doctrines.

It is sufficient that he or his parents be affected with gravel, suffer from asthma, migraine, alopecia, or sweat of the head. It suffices since the arthritis has united the herpetism, that, in the family there has been a pain, an itching, to accuse it—that the patient be affected with arthritis. And you ask me if I have proved these antecedents in my gonorrhoeic patients—I have no other response to make, moreover, if these indications were wanting, would not one be authorized to say that the deviation itself constituted the first manifestation of the diathesis?

Let us now enter into the realities, and permit me to say, not that which is,—I have not that pretention—but that which I have seen, and—that which I have not seen.

As many arthritics have a cold cured in fourteen days—I have seen gonorrhœa remain with them simple and heal in two months.

I have never seen gonorrhœa appear without coitus in arthritis. Messrs Lee, J. Guiland and Martineau have published some cases to the contrary. I do not deny these facts. I was not there to verify whether they really had not had coitus. Neither whether the urethral discharge had really the characters of gonorrhœa, but, here is a proof that I submit to my eminent colleagues of the hospitals. Every day they receive in their wards patients attacked with acute articular rheumatism; then if arthritis can engender urethral gonorrhœa, it is surely during that attack of acute febrile

poly-arthritis where is condensed and resumed the total of the power of the rheumatism of which it is the type. Well, observe and see, if eight days after the entrance of a patient into the hospital (time necessary to assure yourselves that they had no intercourse) a gonorrhœa appears. I will accept this proof under these conditions only.

I had promised an example of the manner by which the diathesis stamps a gonorrhœa with its own influence. I will keep my promise good in describing that particular form of the disease which we may call prolonged gonorrhœa. One single sign at the commencement marks the difference and gives the warning; but as this is a favorable sign it is little noticed, because it is not complained of. Rarely in this form does the inflammation attain even a considerable degree, but, compensation more than equitable, this slight severity is preserved to the end.

It is generally neither in young men, or in the first attack that this form is observed, it attacks preferably men of 35 to 50 years of age, age in which the arthritic diathesis enters powerfully and remains in action, and, several of these cases already having had other ordinary gonorrhœas, and as such easily and promptly cured, one can imagine their despair in seeing this attack take on a course so different, also the physician himself partakes, naturally, in the disappointment. We pity the young practitioner who meets with such a case for his *début*.

M. Tessier saw a case of this form which lasted eighteen months. Such is effectively the possible duration of this disease. When it attains the sixth or eighth week, epoch when the ordinary form has reached its period of decline, one sees it become stationary as if touched by the fairy wand of the beauty of the sleeping forest; from this moment congealed, so to speak, in its demi-acuteness, it resists the effort of time its usual infallible auxiliary.

Another source of contrariness comes from the powerlessness of usual remedies, both of those which palliate and those which cure. Sedatives do not exercise a sedative action. In spite of the docility of the patient, throwing aside even the aggravations which his impatience may cause, all remedies

of this type are useless—anti-blenorrhagic remedies—such as Copaiba, Cubebs, etc., will be tried in vain. The result confirms the diagnosis, the discharge is aggravated thereby. Injections likewise are powerless. All remedies aimed directly at the gonorrhœa fail. What must we do then? *Treat the diathesis as well.* And here we would recommend the use of flannel externally, dry frictions, steam baths, hot water baths, a flaxseed poultice applied to the genitals and perinæum. The migration to a warmer climate is of sovereign efficacy, and then when the disease has started in a curative direction it then becomes curable by feebly astringent injections.”

We, as Homœopaths, will recognize at once from Prof. Diday's description of this form of gonorrhœa the inestimable value of the Hahnemannian axiom, and there is no doubt but that a cure may be effected as quickly, or quicker, by treating the *totality of the symptoms*, thus striking not only the disease but the diathesis as well.

CONVULSIONS AND VOMITING OF PREGNANCY.

By A. McNEIL, M.D., SAN FRANCISCO.

Was called to see Mrs. D.; she is in her second pregnancy, but has lost her reckoning. She is twenty, brunette. I had previously treated her successfully for an enlargement in the uterine region. As she had stubbornly refused an examination I cannot give the diagnosis. The enlargement was so great that she looked as if at full term.

She has had these convulsions for five days, for which her allopathic medical advisor had employed Chloroform with no improvement. She has colicky pains emanating from left ovary before the convulsions, which are opisthotonic to such a degree that her head and heels approximate; swelling of the vulva, violent pain on urinating, which is only performed with difficulty; fever blisters. Gave Rhus. 30 in water, a teaspoonful every two hours.

Nov. 1, no change. As she had been benefited so much

by Sulphur, and she had had burning of the feet, etc., gave it in the 6m.

Nov. 2, A. M., had one light convulsion. She tells me that she has been vomiting even the lightest and smallest quantity of food for the last three months; bitter taste. Sac lac.

Was called at 8 P. M., and found her in the fifth convulsion since morning. Gave her Rhus tox m. in water every hour.

Nov. 3, A. M. Had one light paroxysm. Sac. lac.

Nov. 4. No convulsion, but heart-burn; has vomited once. Learned she is hungry *only* at 9 P. M., when what she eats appears to do her good; this has been the case for some time, in fact all through her pregnancy. Sac. lac.

Nov. 6. No convulsions; has a peculiar, involuntary shooting out and drawing back of left leg; still hungry at 9 P. M. Sac. lac. From this time she improved in every way and had an easy delivery.

I ask any one who has any knowledge of the pathology of this case, to ask himself, if it got well without curative force, and she received no other medicine than that I have mentioned.

VOMITING OF PREGNANCY.

Mrs. L. in her third pregnancy, called me in July 9, 1883. Last period first of March; nausea and vomiting all day. The matter vomited is intensely sour; no appetite; *can't endure the smell of coffee*. Sulphuric Acid 500, twelve powders, one every three hours.

July 11.—All pain, nausea and discomfort gone, appetite good.

August 22.—Quickened a few days ago, till then no nausea or vomiting; since occasional qualmishness.

November 19.—Well until two weeks ago, since then sour vomiting when lying on right side; sore throat. Sulf. a c 500 in water, a teaspoonful every two hours.

Got well and remained so till her confinement, which was easy and rapid.

Vomiting when lying on right side in this case and that in the other getting hungry *only* at 9 P. M., I do not find in Allen.

They are therefore cured symptoms only, Hahnemann incorporated such in the *materia medica*. A few persons who

see spots in the sun are endeavoring to "purify" the *materia medica* of such symptoms. Is there any rational reason for doing so? If those men spent more time in the study of Hahnemann's works they would not find so much fault with them.

INTERMITTENT FEVER.

September 13, 1882.—Was called to see Mr. Y's baby with intermittent fever, had profuse salivation, Gave Mercurios cc.

September 14.—No better, Rhus tox 30.

September 15.—Still no better, Bry. 30.

September 16.—It changed its form to an intermittent, for which I gave lower potencies, but with no improvement.

September 28.—It still dragged along to the disgust of the family and myself. On close questioning I learned that whenever the baby was carried into the open air, she would be good, but she would cry till taken out. Gave Pulsatilla 15 m. Fincke. No more paroxysm.

I have no doubt the "purifiers" of the *materia medica* will reject such symptoms as "feeling better in the open air" as being frivolous and having no pathological value. But without this symptom I could not have cured this case and the "purifiers" will find themselves under the necessity of resorting as they now do to quinine and thereby injure the constitutions of their patients. They discard all symptoms produced and cured by such potencies because they can't find any medicine by the microscope. I cured the baby anyway.

A MONTH IN SAN LUIS OBISPO, CAL.

By GEO. JENKS, M.D., SAN FRANCISCO.

EDITOR CALIFORNIA HOMŒOPATH—As you are of course interested in the spread of Homœopathy on the Pacific Coast, you may be willing to publish a few reflections of one who has spent a month in San Luis Obispo.

The City of San Luis Obispo is distant from San Francisco one hundred and twelve miles, and it is the principal

town and county seat of San Luis Obispo County. It is reached by steamer to Port Hartford and thence inland twelve miles by railroad. The town contains over three thousand population and is growing rapidly; houses are going up in every direction and many new stores are building on the principal streets. At present a majority of the population is of foreign birth, but many Americans are coming into the town to settle, and the next two or three years must make a great change in the size and character of the place.

Hitherto there have been no adequate hotel accommodations for tourists and invalids seeking a mild climate. To obviate this a large hotel to cost \$100,000 is being constructed and will soon be finished. This is being built by a company interested in the future growth of the town, and for the purpose of inducing Eastern people to spend the winter there as they now do at Santa Barbara.

The climate of San Luis Obispo is unexcelled for all pulmonary diseases—you find there no harsh fogs nor cold winds.

Dr. Hays, an old school physician who came to California over twenty-five years ago, suffering from weak lungs, tried first Santa Barbara and chose San Luis Obispo as possessing the better climate for such cases as his. He told me that time had but confirmed this opinion. In summer there are, of course, a few hot days, now and then, but these spells seldom last more than three days at a time, while the nights are cool, and during the hottest days a gentle breeze prevails.

The roads are good, and delightful drives can be had. Small parties are frequently formed for a visit to Pismo ten miles distant. Here excellent sea bathing can be had, and you may drive for twenty-five miles along the smooth ocean beach. I shall not soon forget a moonlight ride at this romantic spot. San Luis Obispo is entirely virgin soil for Homoeopathy. Nothing has been done to properly bring the cause before the people. Perhaps it might be said that until now there were few persons there at all likely to listen to its claims or test its merits. But all this is changing, I found in and around the town about a dozen persons who called themselves Homoeopaths, and who promised to em-

ploy a Homoeopathic physician. Unfortunately for the Doctor, these seemed a remarkably healthy set. A young man, or a man and wife, with sufficient means to live for a year, could in that time have a living business and thereafter make money. This is especially true if the new hotel enterprise proves a success and Eastern people and invalids are induced to visit there. There is everything inviting, the climate is perfect, land of every description is plenty and at reasonable rates and suited to all kinds of cultivation. There are good schools and numerous churches. The Masons and Odd Fellows have pleasant Halls and flourishing Lodges.

There can be no doubt that San Luis Obispo is destined soon to number 5,000 inhabitants, and the amount of business transacted is amazing, and surpasses most towns of the same size.

I have endeavored to give you a truthful account of San Luis Obispo, and to those persons who are seeking a mild healthful home I cannot over estimate its advantages. Its chief drawback from a medico's standpoint is the extreme healthfulness of its inhabitants.

BLEEDING FROM INTERNAL PARTS.

A LECTURE BY H. N. GUERNSEY, M.D.

GENTLEMEN:—You have frequently, during this course of lectures, heard me mention remedies to be used for “Bleeding from Internal parts.” I now propose to collate the same, and to make a differential diagnosis of each of them, that you may be prepared to select the one whose pathogenesis most closely resembles the presenting symptoms on the “spur of the moment”—if need be; and, that you may be enabled to arrest a hemorrhage of the most frightful character, in the most “*mild, prompt and durable manner*” of all known methods.

Those remedies which are most highly characterized by BLEEDING FROM INTERNAL PARTS, are: *Acon.*, *Arn.*, *Bell.*,

Calc c., Carb., veg., Canth., Cham., Chin., Croc., Ferrum, Hyos., Ipec., Kali c., Lach., Lyc., Merc., Nitr. ac., Nux v., Phos., Plat., Puls., Sabin., Secale, Sepia, Sulphur.

As we may at any time be suddenly called upon to prescribe almost instantly for a dangerous hemorrhage, I will give the *strongest points* of each drug first, that we may be facilitated in our choice.

ACON.—When we find with the hemorrhage an apparent mental excitement, accompanied by a fear of death (perhaps the fear of bleeding to death), we may find on investigation that the hemorrhage was brought on by a fright, by a fit of anger, or by anxiety; the patient may still be suffering from the exciting cause. The sufferer is usually lying on the back, owing to an *aggravation from lying on either side*; worse on rising, (becomes dizzy); blood coagulates easily; *afraid* to move about much, though feeling restless and anxious; thirsty, skin dry. Most generally found in dark-haired subjects, plethoric and active.

ARN.—Here the bleeding has been excited from an injury; from concussion; bodily fatigue; physical exertion. We often find a bruised or sore sensation in the parts from which the blood exudes. Pulmonic or uterine hemorrhages and epistaxis, etc., are often attended with this sensation. Hot head and a cool body are very characteristic of this remedy.

Sometimes a fright and an injury may be nearly coincident, and here great care must be observed to decide which was *really* the exciting cause; should *fright* have caused the bleeding, *Arn.* will not be the remedy.

The difference between *Acon.* and *Arn.* may be seen at a glance.

BELL.—The blood coagulates almost as soon as discharged and feels hot to the parts from which it escapes. If it be from the genital organs, they are usually forcing or bearing down pains; if from the chest or head, there is congestion, throbbing of the carotids, injected eyes, flushed face. The patient wishes to be covered; cool air is unpleasant; cold shiverings frequently run through the body; photophobia; drinks little and often; hot skin; plethoric habit.

Patient generally feels worse in the afternoon and evening; from draft of air; from moving; from rising; from suppressed perspiration.

Here, too, we see that *Bell.* in its turn, differs very essentially from either of the preceding drugs.

CANTH.—A most striking symptom calling for the use of this remedy is found in the urinary organs, and consists of a cutting and burning pain during micturition; the urine flows in drops, or in a very scanty stream. Hæmaturia; uterine-hemorrhage, blood usually being very dark; hemorrhage from the lungs or nose.

CALC. c.—Here, the most striking feature is the constitution of the patient. This is leucophlegmatic; light hair. A little investigation may show that the menses are apt to be too profuse and too often; much perspiration about the head and shoulders; limbs are usually drawn up, and are cold and damp; desire for loosened garments; amelioration from being rubbed; desire for warmth and covering; a slight draft of cool air is chilling; if the bleeding be from the chest, it is usually from the left side. *Calc. c.* cannot be mistaken for, or confounded with, either of the above remedies.

CARB. VEG.—We are chiefly led to the use of this remedy in very desperate cases, where there is almost an entire state of collapse; weak pulse; anguish of heart; skin cold and blueish; patient wants to be fanned very hard; and often whispers to the attendants, “fan harder, fan me harder.

This desire to be “fanned hard” is found in many different complaints, and may always be considered as indicative of this drug; we may some times be called in very late to such cases, or we may get them from the old practice.

CHAM.—The striking peculiarity here is mental irritability of a spiteful nature; the patient speaks quickly and sharply. Blood dark and coagulated; desire for air; restless; distressed; spiteful and irritable.

Patient generally feels worse in the night; from warmth; from anger; during eructations; lying on painless side; dur-

ing perspiration; during sleep; from coffee. Better while fasting; while lying on painful side.

CHINA.—The first note of alarm here is faintness, with ringing in the ears; *ringing in the ears* is one of the most characteristic symptoms in the pathogenesis of China, and if we do not give it soon, the pulse will become irregular, flickering, and imperceptible; skin cold and clammy; fainting and unconsciousness. Even at this stage *China*, 2c., in water, every two or three minutes, will soon work a favorable change.

Generally feels worse, periodically; in the night; after drinking; while talking; can't talk, wishes others to explain; after perspiration; on touching the parts softly.

China cannot be confounded with *Carb. veg.* as, Firstly, in *Carb. veg.*, the patient wishes to be fanned hard, and if at all in *China*, very softly. Secondly; In *Carb. v.*, the skin is dry and blue, while in *China* it is moist and clammy. Thirdly: in *Carb. v.* we find no ringing in the ears, as we do in *China*.

CROC.—The striking feature of this hemorrhage is its *black* and *stringy* character, the blood forming long dark strings as it flows; often resembling long, black, earth worms. We find this feature, whether the hemorrhage be from the uterus, lungs, or the nose. When examined in a mass the strings may be somewhat matted together, but the characteristic tendency is plainly observable. Sensation of a bounding or rolling in the abdomen, as of something alive.

Feels worse in the morning, when fasting; during pregnancy; in a warm or close room.

Better in the open air; after eating.

FERRUM.—We usually notice a very red face, with a full pulse; the hemorrhage is partly of a fluid, and partly of a black and clotted character. The flow may be from the lungs, stomach, nose, bowels, or uterus—if from the latter, there are very often violent, labor-like pains in the back and abdomen; great erethism of the circulation; flushes of heat.

Feels worse in the night, particularly after midnight; from change of position; from fat food.

The trouble may have been superinduced from poisoning by Peruvian bark; the patient is generally very weak; though having so red a face and so full a pulse.

Hyos.—The alarming points that appear are delirium; semi-unconsciousness; a constant flow of blood; jerking and twitching of the muscles; face bluish; eyes congested. The hemorrhage may have been brought on by a fit of jealousy; by taking cold; by unhappy love, or some other mental affection. 7

Worse usually in the evening.

Better From stooping or leaning forward.

Hyos. differs from all its companion remedies by the prompt appearance of delirium in case, by the semi-unconsciousness, by the twitching and jerking of the muscles, and by the bluish face. The alarming kind of hemorrhage is usually uterine.

IPEC.—When we have an uninterrupted discharge of bright red blood from the vagina, nose or lungs. The first symptom here is usually, a complaint of faintness and nausea; also, there may be a sharp cutting pain from the naval towards the uterus; later we may find cold skin, cold sweat, and a species of suffocating spells. +

Hemorrhages sometimes follow suppressions of eruptions; abuses of Peruvian bark; after eating veal; after coughing; while vomiting; occurring periodically.

It will be perceived that *Ipec.* approximates *China* in the cold sweats and cold skin, but *Ipec.* has not the ringing in the ears, nor has *China* the nausea. *Ipec.* would also be indicated in a constant flow of bright red blood from the nose or lungs, with the above gastric symptoms and faintness. *Ipec.* is more frequently indicated than any other remedy.

KALI CARB.—We are most frequently led to think of this remedy for hemorrhages occurring some days or weeks after parturition; also for epistaxis and hæmoptysis after being over-heated, and after a vexation. The sometimes accompanying symptoms are agonizing pain in the back, extending

into the glutæi muscles, and down over the sacrum; stitching pains in the abdomen; abdomen often tympanitic.

Feels better from being covered up warmly; after eructations which occur quite frequently.

One of the best remedies to prevent abortion from occurring about the second month, when characterized by stitching pains; pains in the back hindering walking—causing the patient to feel like stopping to lie down anywhere, in the street, on the floor, etc.; later, these pains may extend over the sacrum in the glutæi muscles.

LACHESIS.—For flooding occurring at the critical age, particularly when characterized by chills at night and hot flushes by day, or floodings at any time when thus characterized; after parturition, with pains in the right ovarian region always relieved by flow of blood from the vagina; in all typhus or typhoid conditions, where there is a flow of dark blood from the nose, from the lungs, or from the bowels with a *sediment like charred straw*. This sediment may either have a crushed appearance, or may look like distinct spears of charged straw—it really being decomposed blood.

Diarrhœas following milk-leg are sometimes accompanied with a hemorrhage of this sort, and here *Lach.* will be the curative agent.

LYC.—Hemorrhages from the nose, lungs, or uterus where there is a great deal of flatulence, borborygmus, and a *sensation of fullness up to the throat*, after taking a small quantity of water or nourishment; frequent flushes of heat; palpitation of the heart; cutting pains from right to left in the abdomen; all symptoms worse from four to eight in the afternoon and evening. Desire for air; to have the windows up; to be fanned. This remedy may often be used in the worst cases of pulmonic hemorrhage.

MERC.—This remedy is particularly applicable in hemorrhages occurring in elderly females sometime after the critical period has passed; light hair; scorbutic condition of the system. Cold, damp thighs and legs at night; perspiration sour and mouldy, excepting of the feet, which is scentless;

skin and muscles lax; thirst, even though the mouth be full of saliva; mood serious, sometimes amorous.

Feels worse at night; when blowing the nose. With the above conditions epistaxis, hæmoptysis, hæmatemesis, hemorrhage from the bowels, or uterus.

NITR. AC.—This remedy is in many respects very similar to *Merc.* and sometimes a very close comparison is requisite to discriminate between the two.

Contrary to *Merc.*, *Nitr. ac.*, has dark hair; perspiration, sour and urinous; skin and muscle, rigid; no thirst; blood, dark; foot sweat, fetid; distrust. The urine is much stronger, and more like horse urine, than in *Merc.*

Bleeding from the arteries and capillaries; bleeding from the uterus with pain in the back, running down through the hips into the legs with a sensation of pressure, as if the uterus itself would escape from the vulva. In so comparing *Merc.* and *Nitr. ac.*, we find them different from each other, and from all the preceding remedies.

NUX VOM.—It is a curious fact that in most all hemorrhages requiring the *Nux. v.*, we find an irritable condition of the rectum, which is a *frequent and ineffectual desire for stool, with the sensation as if portions of feces were in the rectum*, this latter sensation remaining even after defecation; usually in dark-haired subjects.

Hemorrhage may be excited by indulgence in rich food; from much coffee; intoxicating drinks; constipation.

Worse in cold air, between three and four A. M.

Better in a warm place; lying on the side; in loose garments; passing wind per anum.

PHOS.—Particularly for tall, slim, dark-haired subjects; also in females who menstruate too often, too much, too long; sensation of emptiness in the abdomen; slim, dry stools, expelled with difficulty; flushes of heat.

Feels worse lying on the left side; on the back; from warm food, or drinks.

Better lying on the right side; from cold food and drinks; from being rubbed; after sleep.

Small wounds bleed persistently and profusely; bleeding erectile tumors.

PLAT.—Hemorrhages, blood being partially fluid and hard black clots; also coming away in quantities, and having a dark, tarry appearance; with sensation as if the body was growing larger in every direction; in dark-haired, spasmodic and nervous subjects.

PULS.—Intermittent hemorrhages, blood generally dark; in subjects of mild and tearful temperaments; can lie best on right side; feels much worse in a close warm room; desire for open doors and windows; no thirst; scanty urine; blood flows and stops, flows and stops.

* SABINA.—Blood flows freely in fluid and in clots. When from the uterus, there is very often a pain from the sacrum to the pubis or *vice versa*; for violent after-pains of the above nature, with the above characteristic bleeding; especially applicable for miscarriages coming on about the third month; blood pale from the nose; blood from the vagina pale, or red, dark, or mixed with light red; much soreness in the hypogastric region.

Feels worse in a close warm room.

Better in the open air.

We see that *Puls.* and *Sabina* agree in the aggravation from warmth, but *Sabina* has that peculiar pain. *Puls.* has a different disposition, and the character itself of each hemorrhage differs.

SECALE CORN.—The flow is passive and may be dark or red, though is mostly red; in subjects who are naturally feeble and cachectic; tingling in the limbs and prostration; desire for air; aversion to being covered; cool skin with no desire for covering.

Better when lying with limbs extended. (In *Calc. c.*, the patient feels better with the limbs *drawn up*.)

+ SEPIA.—With abdominal plethora or congestion; pain in the right groin; sensation of weight in the anus; painful sensation of emptiness in the pit of the stomach.

Feels better from drawing up the limbs.

Disposition to abort from the fifth to the seventh month, especially when there is uterine congestion; cold hands and feet; hot flashes; particularly where she complains of little, fine, darting pains up the neck of the uterus. The difference must be remembered between *Kali c.*, which has abortion about the second month of pregnancy; *Sabina*, with abortion about the third month; and *Sepia*, with abortion after the fifth month.

SULPHUR.—Sensation of heat in any part previous to, as well as during the hemorrhage; particularly when from the lungs. This sensation of heat may be in the inner parts of the nose, uterus, rectum, etc.

Worse when warm in bed; when exposed to any heat, as of the fire, etc.

In giving these remedies for "Bleeding from Internal Parts," I think it proper to remark upon the *so called* adjuvants, which some physicians resort to for the arrest of hemorrhages.

As we have passed over a variety of hemorrhages, and have observed how each has its own peculiar character, each one differing from all the others, it will be useful to inquire: "Why does the patient bleed in this manner, or in that? *Why* are these bleedings, each of its own peculiar type, from the nose, from the lungs, or from the dried up uterus of the aged female?" We know that in all these hemorrhagic conditions there were no open blood-vessels of any size, from which the blood could flow.

What other cause then, can be assigned but that of a peculiar morbid condition in each case, which, having induced an afflux of blood to the parts concerned, caused the bleeding? In apoplexia, in the various congestions, in the erethism of blood, which causes flushes of heat, there is a morbid agent at work, which is not unlike, in principle, to other morbid conditions, causing other forms of disease which are perfectly amenable to the remedies of our *Materia Medica*.

And why then, might we not as well employ *so-called* adjuvants in almost any other form of disease, as in *bleeding from inner parts*?

As it is the pathogenesis of a peculiar morbid influence which we see manifested in the various forms of hemorrhages, so the pathogenesis of some peculiar drug must indicate its use in arresting the forms of bleeding to which it is adapted.

As we know our remedies, we can succeed in their use as destined by the Creator, without the aid of any cumbersome, and *often* injurious, so-called adjuvants.

CLINICAL ITEMS.

Burning Pain in Vertex—Graphit, Sabadilla, Caustic.—
(*Kafka.*)

Natrum phosph is a remedy for acidity, sour risings, sour evacuations (in children.) It seems to fill a place near Nux and Calcaria for these conditions.—(*Goullon.*)

Kali Sulf.—There is no remedy so competent for rattling in the chest when that state has followed an acute attack of inflammation. When a child has passed through a broncho-pneumonia and seems to have recovered, and after any change in the weather to cold the child coughs and rattles in the chest, then it is that this remedy cures. A boy 4 years old was brought to my office for treatment, he looked well, but coughed several times with a *rattling cough*. He never expectorates," says the father, "but he always has that rattling." "It is worse in cold weather, he eats well and seems well, but always has more or less rattling." *Kali Sulf.* 200, one dose, dry, cured the case. In one week the rattling that had been there all winter was gone; the weather changes do not affect him now.

A little girl baby 14 months old had a very violent double pneumonia last winter. Having been called to the case rather late it was with great difficulty that the baby was saved, but finally it convalesced and looked well. During the cold spring weather it *rattled* in the chest and coughed, otherwise it was healthy and plump. Some two months af-

ter the acute attack it was rattling when the weather changed to cold or damp. Kali Sulf. 200, cured immediately. I prescribe Kali Sulf. for rattling in the chest with or without much cough. In the absence of distinct indications for other remedies, in *subacute* or *chronic* cases.—[*Dr. Kent in Hom. Phys.*]

Ferri Jod.—Bearing down in uterine region *while sitting*, the patient feels as if something sore and painful was being pushed up. This is a very common experience of patients who suffer from prolapsus uteri; and it is in relief of this condition that the medicine has proved successful.—[*Far-
rington.*]

REMEDIES FOR RHUS POISONING.

Tansy Tea—Externally and internally.

Ledum—Internally and as a lotion.

Lobelia tincture—locally.

Olive Oil, 2 oz.;
Salicylic Acid, 1 drachm } locally.

Kali sulf. 6x; *Sanguinaria*; *Anacardium*; *Urtica urens*;
Arnica and *Rhus. rad. high.*

Chloroform in drop doses is recommended by Dr. Ruddock for Flatulent Distention. Besides the ordinary remedies, viz.: *Carbo.*, *Lycop.*, *Nux.*—remember *Nux Mosch.*, *Argent. nit.*, *Terebinth*, *Assafoetida.*, *China*, *Salicyl. acid*, *Kali. phos.*, and last but not least *Natrum Salicyl.*

Thuya.—Dry herpes on head extending to eyebrows. With scaly, peeling off, eruption over scalp, extending over forehead, temples, ears and neck.

Mezer.—Tinea principally on hairy parts of the body and scalp when irritation flies elsewhere on scratching.—[*Cooper.*]

Magn. mur.—Tinea accompanied by pimply eruption on face, which comes and goes after supper and warm room and before catameneae.

Convallaria (Lily of the Valley) has a specific action on the heart. It may be summed up:

1. Retardation (slowing) of the cardiac contractions with increase of blood pressure.

2. After the period of retardation, there follows a strongly pronounced acceleration of the contractions with still greater increase of blood pressure.

3. Arrest of the heart beat with diminution of blood pressure.

4. Tetanic contraction of the ventricles with throbbing auricles—Death.

5. Like *Digitalis*, *small* doses primarily accelerated the pulse.—[*E. M. Hale.*]

PERSONAL NOTES.

DR. E. S. CHAPMAN, who has been located at Forest Hill for a number of years, has removed to *Watsonville*. We wish him success in his new field.

DR. C. B. CURRIER has removed his office to 921½ Geary street.

DR. W. A. DEWEY has removed his office to 920 Geary street.

DR. E. H. RUSSELL, formerly resident of the Homœopathic Hospital, has located at *Visalia*, and writes cheerfully of his prospects.

DR. S. P. BURDICK, of New York, has settled in Oakland, Cal.

DR. A. K. JOHNSON, of San Bernardino, writes us the following sad information: "My partner, H. W. RICE, M.D., is no more. He had the misfortune to fall out of our office window to the pavement, 17 feet below, on the night of July 21st, and died on the 23d from the effects of injuries received from the fall. He was well liked here and his sudden death is deeply mourned by many.

Popular Department.

FOOD FOR OLD PEOPLE.

By A. J. BELLOWS, M.D.

Is your fat, good-natured old grandfather living on fat beef and pork, white bread and butter, buckwheat-cakes and molasses, rice and sugar, till he has lost all mental and physical energy, and desires to sit from morning till night in the chimney-corner or at the register, saying nothing and caring for nothing?—change his diet, give him fish, beefsteak, potatoes, and unbolted wheat-bread, or rye and Indian, with one-half or three-quarters of the carboniferous articles of his former diet, and in one week he will cheer you again with his old jokes, and call for his hat and cane.

Is he lean, and cold, and restless, and irritable?—give him the fattest meats, with the best of butter, and as much sugar and molasses as he desires, not taking away entirely food for the brain and muscles, but adapting them to his circumstances. Perhaps his brain has been overworked, and exhaustion and fitful action follow. If so, he needs some phosphatic food to which he has not been accustomed, as oat-meal porridge, or oat-meal cake, with milk, or a diet of fish, and pearl-barley, and pea-soup. Or perhaps his restlessness comes from inactivity of the bowels; if so, he needs fruits, vegetables, unbolted wheat-bread, etc., with care to keep his mind at ease, and to have only such company as is soothing and agreeable.

Or perhaps his irritability arises from the use of too much meat and other phosphatic food; if so, keep him on a diet in which the phosphates are deficient, as rice, flour, bread and butter, etc., with other food adapted to his other conditions and habits. But that a regard to these different conditions, an adaptation of food to conform to them, will very much contribute to comfort and happiness in the declining years of life, there is no shadow of a doubt.

EVERY MAN HIS OWN DIETER.

In the biography of the late General Dix is an account of an interview with the celebrated Dr. Abernethy. It will interest our readers, especially since it is known that the wisdom of the physician's advice carried General Dix from dyspeptic youth into eighty years of robust life.

General Dix gives the account himself: "He received me with great civility, heard a few words of the story and cut me short, as follows: 'Sir, you are pretty far gone, and the wonder is you are not gone entirely. If you had consulted common sense instead of the medical faculty you could probably have been well years ago. I can say nothing to you excepting this: You must take regular exercise, as much as you can bear without fatigue; as little medicine as possible of the simplest kind, and this only when absolutely necessary; and a moderate quantity of plain food, of the quality which you find by experience best to agree with you. No man, not even a physician, can prescribe diet for another. A stomach is a stomach, and it is impossible for anyone to reason with safety from his own to that of any other person. There are a few general rules which any man of common sense may learn in a week, such as this: That rich food, high seasoning, etc., are injurious. I can say no more to you, sir; you must go and cure yourself.'"

DOCTOR, what shall I eat is the question asked daily of every physician by his patients. Referring now only to those suffering from chronic diseases, I wish to emphasize the futility of offering any prescribed rules of diet. I know that a good many cheap reputations are constantly made by a certain class of medical men, by insisting upon various preconceived notions on diet and holding out all sorts of wonderful changes in the animal economy by their adoption. So at one time we hear of a physician forbidding all of his patients butter, another salt and so on through every article of diet, each insisting that his course is the one thing needful to bodily regeneration. But that one man's meat is another man's poison is absolutely true and the expression of an overwhelming general experience. A dietary based merely on chemical ideas however suggestive is limited in its really useful application to the animal wants, for the body has capacity to draw nutriment from various sources, taking such things as correspond to the nature of its peculiar life and rejecting such things as are hurtful to it. Really useful dietetic rules in the treatment of chronic disease must be individualized to each patient just as much as our remedies.